

FamilyCare – Level Of Care Desk Aid

Operations Memo 04-44

March 9, 2005

In the Family Care program, an individual's LOC is determined via the Long-term Care Functional Screen (LTCFS). The LTCFS is completed by the Resource Center (RC) for all initial screens and either the RC or CMO for annual recertification. The LOC from the LTCFS determines functional eligibility for Long Term Care services for the individual. The LOC information is manually passed to the Economic Support (ES) agency worker, who enters the LOC information (functional level of care and enrollment/effective date), in CARES and determines the individual's Medicaid (MA) and Family Care eligibility. The LOC interfaces from the CARES system to an EDS report and then is manually keyed into the MMIS payment system. The LOC entry determines:

- Whether the individual can be tested using the higher special income limit, \$1692 or the EBD medically needy limit of \$591.67, and
- Whether an individual can be eligible for Family Care, and
- The appropriate capitation payment to the CMO. (Because the LOC determines the capitation payment, accurate and timely LOC information must be entered in CARES).

To establish accurate eligibility and correct capitation payment, make the CARES entries as explained below.

LOC Eligibility Reports and CARES entries

There are four Family Care (FC) functional care levels that impact a person's eligibility for Medicaid (MA) and FC as described in the following chart:

| FC Eligibility or Functional LOC | Public Subsidy Options or Type of MA Options |
|------------------------------------|--|
| Grand-fathered (G) | <ul style="list-style-type: none">• FC non MA*• Non-waiver or regular MA |
| Intermediate (I) | <ul style="list-style-type: none">• FC non MA• Non-waiver or regular MA |
| Comprehensive non-nursing home (C) | <ul style="list-style-type: none">• FC Non MA*• Non-waiver MA or regular MA |
| Comprehensive nursing home (C) | <ul style="list-style-type: none">• FC non MA*• Non –waiver or regular MA• Waiver MA |

*See Ops Memo 03-29 for information about FC Non MA freeze criteria.

Summary of CARES Entries

| LTCFS Report Display FC Eligibility Field | CARES Entries | |
|---|---|--|
| | ANFR - Family Care Functional Eligibility Field Entry | *ANCW - Community Waivers Functionally Eligibility Field Entry |
| Grandfathered (but Grandfathering field will equal yes) | G | No |
| Intermediate | I | No |
| Comprehensive non-nursing home (COM) | C | No |
| Comprehensive nursing home (CNH) | C | Yes |

*Create ANCW for any applicant with LOC result regardless of current MA eligibility status, i.e. SSI MA eligible persons.

Example on Back

Example**FAMILY CARE LCTFS Eligibility status report**

Eligibility Determined On: 4/20/2004*

Nursing Home LOC: Intermediate Care Facility

Developmental Disability LOC: No DD Level of Care

① Family Care Eligibility: Comprehensive**② Family Care Waiver Eligibility: If yes, report will display Aged/PD waiver or MR/DD waiver.**

NAT Eligibility: No

Grandfathering: No

① Family Care Eligibility: The LTCFS Eligibility Status report indicates one of four levels of care, Grandfathered, Intermediate, Comprehensive non-nursing home and Comprehensive nursing home

② Family Care Waiver Eligibility: The LTCFS Eligibility Status report also provides an indicator to show when Waiver MA eligibility criteria can be used to determine eligibility. **This indicator will be Aged/PD waiver, MR/DD waiver or No. Waiver MA eligibility criteria can be used when the report indicates Aged/PD waiver or MR/DD waiver.**

ANFR entry

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ANFR                                FAMILY CARE                                05/19/04 15:10
CASE: 111111111                     WORKER:                                PWRQ12 A OTT
LAST UPDATED: 04 15 04              CASE STATUS: OPEN                     CASE MODE: ONGOING

NUM: 01 NAME: FC Applicant           SSN: 000 00 0000
DC: __ EFF MMCCYY: 042004

DO YOU WANT FAMILY CARE SERVICES? (Y/N/?): Y
FAMILY CARE FUNCTIONAL ELIGIBILITY (C/I/G/N/?): C ①
CMO CAPACITY (Y/N): Y
ENROLLMENT DATE: 04 20 2004*
DISENROLLMENT DATE:
OVERRIDE PROJECTED COST OF CARE PLAN: .00
RESOURCE CENTER WORKER NAME: My Worker
RESOURCE CENTER WORKER PHONE: 123 123 0000
  
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ANCW entry when Community Waivers Functionally Eligibility? is Aged/PD waiver or MR/DD waiver :

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ANCW                                COMMUNITY WAIVERS                                05/19/04 15:16
CASE: 111111111                     WORKER:
LAST UPDATED: 04 15 04              CASE STATUS: OPEN                     CASE MODE: ONGOING

NUM: 01 NAME: FC Applicant           SSN: 000 00 0000
DC: __ BEGIN MMY: 0404 END MMY: ____

DO YOU WANT COMMUNITY WAIVERS SERVICES? (Y/N): Y
DATE OF REQUEST FOR COMMUNITY WAIVERS: 03 08 04
COMMUNITY WAIVERS FUNCTIONALLY ELIGIBLE? (Y/N/?): Y ②
COMMUNITY WAIVERS PROGRAM TYPE: OP VR: AF
COMMUNITY WAIVERS PROGRAM START DATE: 04 20 04* VR: AF
MA CARD COVERABLE EXPENSES:
GROUP C MEDICAL REMEDIAL EXPENSES:
SLOT AVAILABLE FOR COMMUNITY WAIVERS (Y/N): Y
PACE/PARTNERSHIP LEVEL OF CARE:
  
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Based on this example, the CMO would be paid a comprehensive capitation payment effective 4/20/04.

*The LTCFS identifies the "eligibility determined on date." Changing the entry in the enrollment date field on ANFR, to the eligibility determined on date, running eligibility and confirming the results will send the new level of care and effective date to MMIS after the initial enrollment. If the eligibility determined on date is within the past calendar month, it is not necessary to run with dates when determining eligibility. The ANFR enrollment date and the ANCW Community Waivers Program Start date should match the "eligibility determined on date" unless you are changing an LOC from Comprehensive Nursing Home to any other LOC. In that situation change the "begin MMY" to the new LOC date and change the Waiver Functional question to No.